

BELIZE:

NATIONAL HEALTH INSURANCE AUTHORITY BILL, 2026

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SCHEDULE I

SCHEDULE II

BELIZE

BILL

for

AN ACT to repeal the NHI provisions contained under Part VII the Social Security Act, Chapter 44 of the Substantive laws of Belize, Revised Edition 2020, and place them under this Act; to establish the administrative framework and other necessary mechanisms to enable the provision of equitable, accessible, affordable and quality healthcare services to all eligible persons for the attainment of universal health coverage; to facilitate people centred healthcare that meets the needs of the population; to promote efficiency in healthcare administrative operations; to enable sustainability through appropriate allocation of resources in healthcare, in collaboration with the Ministry responsible for health; and to provide for matters connected therewith or incidental thereto.

(Gazetted.....2026).

*BE IT ENACTED, by and with the advice and consent of the House of Representatives and Senate of Belize and by the authority of the same, as follows:*

PART I

*Preliminary*

1. This Act may be cited as the

Short title.

NATIONAL HEALTH INSURANCE AUTHORITY ACT, 2026.

2. In this Act, unless the context otherwise requires—

Interpretation.

“Act” means the National Health Insurance Authority Act, 2026;

“Actuary” means a person who satisfies the National Health Insurance Authority that the person is a fellow in good standing of a professional body of actuaries that is internationally recognized;

“Authority” means the National Health Insurance authority established under section 4;

“beneficiary” means a person who is enrolled in the NHI Scheme;

“benefits” means the goods and services available to beneficiaries under the NHI Scheme;

“Board” means the Board of Directors of the Authority established under section 9;

“Chair” means the Chair of the Board of Directors;

“enrolment” means the process of enlisting persons as NHI beneficiaries under this Act;

“fit and proper person” means a person who is of good character and reputation, not adjudged a bankrupt and not convicted of any offence involving fraud or dishonesty;

“National Health Insurance Fund” or “NHI Fund” means the Fund continued under section 34;

“indigent” means a person who has no visible means of income, or whose income is insufficient for the subsistence of his family, as determined by the Board and based on specific criteria set by the Board;

CAP. 44..

“insurable employment” includes self-employed persons and any employment specified in Part I of Schedule I of the Social Security Act;

“Minister” means the Minister responsible for finance;

“NHI contribution” means a monetary sum paid by an employee, employer, self-employed person or, in the case of indigents, the Government, for NHI coverage in accordance with this Act; and “NHI contributor” shall be construed accordingly;

“NHI healthcare provider” or “provider” means a healthcare professional, medical practitioner or healthcare institution duly contracted to provide healthcare and related services to beneficiaries;

“NHI healthcare services” means healthcare services offered under the NHI Scheme to beneficiaries;

“NHI Scheme” means the National Health Insurance Scheme continued under section 13;) and

“pension fund” means the pension fund referred to under section 47..

Act 30 of 2023.

Objectives.

**3.** Any determination made, decision taken or policy measure implemented under this Act shall be in accordance with the following objectives—

- (a) to develop the administrative framework and other necessary mechanisms to enable the provision of equitable, accessible, affordable and quality healthcare services to all eligible persons for the attainment of universal health coverage;

- (b) to facilitate people centered healthcare that meets the needs of the population;
- (c) to provide plurality in the healthcare system with equal opportunity for public and private sector or NGO participation;
- (d) to promote efficiency in healthcare administrative operations;
- (e) to enable sustainability through appropriate allocation of resources in healthcare, in collaboration with the Ministry of Health.
- (f) to facilitate the provision of modern, affordable and accessible healthcare services to eligible and actively enrolled persons in the NHI Scheme;
- (g) to establish a minimum standard of coverage of all NHI healthcare providers; and
- (h) to improve overall population health in Belize.

## PART II

### *Establishment, Functions, Powers, Etc. of the National Health Insurance Authority.*

4.-(1) There is hereby established a body to be known as the National Health Insurance Authority, which has the powers and discharge the functions conferred on it pursuant to this Act.

Establishment of  
National Health  
Insurance  
Authority.

(2) The Authority shall be a body corporate with perpetual succession and a common seal, and which may acquire, hold and dispose of real and personal property, enter into contracts and shall be capable of suing and being sued in its corporate name.

(3) The Minister may by Order amend Schedule I with the approval of the Board.

Schedule I.

(4) The Authority shall be responsible to the Minister for the administration of this Act, and shall consider and advise upon all matters which may from time to time be referred to it by the Minister, and shall furnish to the Minister such information as he may reasonably require about the operation of the Act.

(5) The head office of the Authority shall be established at such place in the City of Belmopan as the Minister on the recommendation of the Board

may appoint and for the efficient and proper performance of its functions and duties it may establish branch offices in any part of Belize.

Seal of  
Authority.

5.-(1) The seal of the Authority–

- (a) shall be kept in the custody of the Chair or Deputy Chair of the Board or such other person as the Board may direct;
- (b) pursuant to a resolution of the Board, may be affixed by the Secretary to the Board to instruments in the presence of the Chair or a member of the Board designated by the Chair and one other member of the Board;
- (c) shall be authenticated by the signature of the Chair or Deputy Chair and the Secretary to the Board.

(2) All courts and judges and persons acting judicially shall take judicial notice of the seal of the Board when affixed to any document or notice, and it shall be presumed, without further proof, that the seal was duly affixed by the proper authority and be conclusive evidence of the authenticity of the document or notice bearing the seal.

Functions of  
Authority.

6. The functions of the Authority are–

- (a) to administer the National Health Insurance Scheme in accordance with this Act;
- (b) to provide benefits under the NHI Scheme and conduct periodic reviews thereof, to make modification to the scope of coverage, in consultation with the Minister and the Minister responsible for health;
- (c) to establish a minimum standard of coverage;
- (d) to establish and implement mechanisms for–
  - (i) quality assurance in the delivery of healthcare and services delivered under the standard health benefit;
  - (ii) the delivery of wellness services and initiatives;
- (e) to promote improved methods and levels of efficiency in the delivery of healthcare and wellness benefits and services;
- (f) to establish the criteria for registration of a NHI healthcare provider;
- (g) to enroll all persons eligible to receive benefits under the NHI Scheme;

- (h) to keep and maintain a register of all NHI healthcare providers contracted to participate in the NHI Scheme and publish annually the list of active NHI healthcare providers in the *Gazette*;
- (i) to ensure appropriate coverage of providers and services delivered through the NHI healthcare services equitably across Belize;
- (j) oversee the NHI healthcare providers and to ensure quality standards and compliance with the terms of the contract;
- (k) manage, control and keep under constant review the NHI Fund and supervise and control expenditures therefrom;
- (l) produce and submit an annual report to the Minister responsible for health, containing analyses of—
  - (i) the performance of the NHI Scheme;
  - (ii) the impact of the NHI Scheme on health insurance coverage and health service delivery;
- (m) cause a review of the provisions of this Act to be conducted at least once every two years and publish a report with recommendations, if any, to the Minister;
- (n) investigate any potential violation of this Act and to refer such violation to the appropriate regulator or body;
- (o) ensure the implementation of relevant guidelines, protocols, policies or procedures specifying the quality of care to be maintained and implemented by providers under the standard health benefit;
- (p) inspect the premises, equipment, procedures and information technology systems of an NHI healthcare provider and any documents related thereto;
- (q) examine the data and accounting records in the possession of a provider, as determined necessary by the Board;
- (r) make such enquiries as may be necessary to ascertain whether the provisions of this Act are being or have been complied with in any such premises or place of the provider;
- (s) to ensure adherence to national standards of care established by the Ministry responsible for health;

- (t) to ensure the safekeeping, integrity, and confidentiality of all records and documentation kept and maintained by the Authority as prescribed in regulations;
- (u) to establish secure systems and protocols for access to and storage, and retrieval of data and information, in accordance with this Act and applicable data protection laws;
- (v) to implement appropriate safeguards to prevent unauthorized access, loss, destruction, or alteration of its records;
- (w) to retain records kept and maintained only for so long as is necessary for the effective administration and monitoring of the NHI Scheme or as required by law, whichever is longer;
- (x) to enter into information sharing contracts with government agencies; and
- (y) do or cause to be done such other things as may be conferred by this Act or any other written law or that is considered necessary to enable the Authority to carry out its functions.

Powers of  
Authority.

7.-(1) The Authority shall have power to—

- (a) establish and cause amendments to be made to the scope of benefits provided under the NHI Scheme;
- (b) fix fee schedules and payment rates for NHI healthcare providers;
- (c) enter into contracts for the provision of the NHI healthcare services for the Authority;
- (d) regulate the maximum price by providers for benefits rendered under the NHI healthcare services;
- (e) utilize the monies in the NHI Fund to deliver benefits under the NHI Scheme and to invest any available funds thereof;
- (f) appoint officers, employees and agents as the Authority considers necessary;
- (g) enter into written contracts with—
  - (i) entities for the administration of the NHI Scheme;
  - (ii) NHI healthcare providers for the provision of benefits under the NHI Scheme; or
  - (iii) any other entity for any purpose deemed necessary by the Authority for the administration of this Act;

- (h) conduct investigations and regular audits, and cause on-site inspections of providers to be conducted in accordance with section 45 ;
- (i) require a person to produce information in accordance with section 8;
- (j) to appoint committees constituting such number of persons as the Board thinks fit but the persons need not be members of the Board;
- (k) to develop standards of care for implementation by NHI healthcare providers; or
- (l) do or cause to be done, such other things as may be conferred by this Act or any other written law or that is deemed necessary to enable the Authority to carry out its functions.

(2) Subject to the provisions of this Act, any power or function which the Authority may exercise or perform under this Act may be delegated in writing to any member of the Board, committee appointed under this Act or an employee, subject to such terms, conditions or restrictions as the Board may determine and the delegation of the exercise of a power or the performance of a function shall not preclude its exercise or performance by the Board.

(3) A committee appointed shall regulate its own procedures.

8.(1) In the performance of its duties under this Act, the Authority may at all reasonable times require—

Power of Authority to require information.

- (a) a provider to supply such information as the Authority may reasonably require, or to produce for examination any record that is required to be kept pursuant to section 43; or
- (b) a beneficiary to supply any information as the Authority may reasonably require for the purpose of enabling the Authority to perform its functions under this Act.

(2) Any provider who fails or refuses to produce any record or to supply any information as required by sub-section (1) commits an offence.

(3) Any beneficiary who fails or refuses to produce any record or to supply any information as required by sub-section (1) is liable to pay the full cost of any medical services rendered.

### PART III

*Management of Authority*

9.-(1) For the purposes of this Act, there shall be established a Board of Directors of the Authority, appointed by the Minister.

Board of  
Directors.

(2) The Board shall be the policy making organ of the Authority and perform the functions and exercise the powers of the Authority.

Schedule I.

(3) The constitution and procedure of the Board shall be as prescribed in Schedule I.

(4) The Board may employ officers, employees and agents on such remuneration and on the terms and conditions as it considers necessary or appropriate for the proper conduct of its business.

(5) If at any time the Board is not functioning, all the powers, rights, authorities and functions conferred upon the Board by this Act shall be exercised by the Minister who shall be charged with all the duties and obligations with which the Board is charged.

Appointment of  
Chair.

10. -(1) There shall be a Chair of the Authority appointed by the Minister who shall—

- (a) chair board meetings and implement policy directives of the Board; and
- (b) perform such duties as are assigned by the Board or under any other written law.

(2) The Chair shall hold office for a period of three years, on such terms and conditions as the Minister may approve. Appointment and functions of Compliance Officer.

Appointment and  
functions of  
Compliance  
Officer.

11. (1) The Board shall, in consultation with the General Manager, appoint a Compliance Officer, on such remuneration and on such terms and conditions as determined by the Board.

(2) The functions of a Compliance Officer appointed under sub-section (1) shall include—

- (a) investigating any potential violation of this Act or breaches of a contract entered into by the Board, and submitting a report of findings and recommendations to the Board; and
- (b) entering any facility of an NHI healthcare provider and requiring the production of or copying any book, paper, document, item, or electronically stored data that relates to any matter under this Act.

Powers of  
Minister in the  
interest of public  
health.

12. (1) If a public health emergency is declared under any written law, the Minister after consultation with the Authority may give directives, whether of a general or specific character to address the public health emergency.

(2) In order to address the public health emergency, the Minister, in consultation with the Board, may—

(a) by Order, temporarily amend Schedule II; or

Schedule II.

(b) temporarily utilize the services of an NHI healthcare provider.

(3) An order made pursuant to sub-section (2) shall state the duration thereof and the order may be extended where the Minister considers it necessary in the public interest.

#### PART IV

##### *National Health Insurance Scheme*

13. (1) The National Health Insurance Scheme established under the repealed Part VII of the Social Security Act shall continue under this Act and operate in accordance with provisions of this Act as though that Scheme was established under this Act.

Continuation of  
the NHI Scheme.  
CAP. 44.

(2) For the purposes of this Act, the National Health Insurance Scheme hereinafter referred to as the “NHI Scheme” continued under sub-section (1), shall be a financing and health service purchasing mechanism for ensuring affordable and acceptable healthcare services to all NHI beneficiaries in accordance with the provisions of this Part.

(3) Critical within the operations of the NHI Scheme shall include the following tasks—

(a) planning;

(b) compliance;

(c) quality assurance;

(d) customer relations;

(e) budgeting and financial management; and

(f) internal audit.

CAP. 44.

(4) The General Manager appointed under section 70A of the Social Security Act shall continue as the General Manager of the NHI Scheme as though that person was appointed under this Act.

(5) The Board shall appoint a person as the General Manager of the NHI Scheme who shall be—

- (a) a fit and proper person;
- (b) appointed for a period of three years; and
- (c) eligible for reappointment.

(6) The General Manager, may, in writing, delegate to any employee of the Authority any of the responsibilities, powers or functions of the General Manager, unless such delegation is prohibited by this Act.

Contributions.

14. (1) Subject to the provisions of this section, all persons who are—

- (a) in insurable employment;
- (b) employers of persons in insurable employment;
- (c) self-employed; or
- (d) retired persons in receipt of a pension or annuity,

may be required by the Board with the approval of the Minister to pay contributions towards the NHI Scheme in accordance with regulations.

(2) Where contributions are levied pursuant sub-section (1), the Government may assume responsibility for the payment of contributions any in respect of any additional categories of persons may, in accordance with regulations.(3) The Board may, with the approval of the Minister by regulations made under this Act—

- (a) fix the rates for NHI contributions for different classes of persons based on a reasonable, equitable and progressive system; and
- (b) prescribe the method of payment and collection of the contributions.

(4) All regulations made by the Board under this section shall be laid before the National Assembly as soon as may be after the making thereof and be subject to negative resolution.

Services and access to services.

15. —(1) Subject to this Part, the following healthcare services shall be provided by NHI healthcare providers to NHI beneficiaries—

- (a) primary healthcare services including general medical or clinical practice services from public health centres or polyclinics or from private premises in Belize, as determined by the Ministry of Health and as recognised by the Board for the provision of such services;
- (b) hospital outpatient and inpatient services at public or private healthcare facilities including the services of healthcare professionals, diagnosis, treatment and emergency services;
- (c) diagnostic, laboratory and other medical examination services at public or private health facilities;
- (d) prescription drugs and biologicals; or
- (e) any other healthcare services which may be approved by the Board for the NHI Scheme.

(2) Access to other NHI healthcare services shall be by way of referral to those services by registered NHI healthcare providers,

provided that in emergency cases, the services may be provided by any other registered NHI health care provider as the case may be, as determined by the Authority.

(3) The Board may with the approval of the Minister from time to time exclude from the NHI Scheme any non-prescription or prescription drugs, devices, and NHI healthcare services which is determined by the Board as not cost effective or not financially feasible. Schedule II.

(4) The list of services to be provided under sub-section (1) are more particularly described in Schedule II.

16. (1) A person is eligible to enroll in the NHI Scheme if the person—

Eligibility for enrolment in NHI Scheme.

- (a) is—
  - (i) a citizen of Belize; or
  - (ii) a lawful resident of Belize in accordance with the Immigration Act; and
- (b) is—
  - (i) registered with the Social Security Board;
  - (ii) possesses a social security card; or
  - (iii) any other authorised national identification.

CAP. 146.

(2) Every person eligible for enrolment in the NHI Scheme under sub-section (1) shall, if the person wishes to receive benefits under the Scheme, enroll in the NHI Scheme by producing appropriate documentation establishing their eligibility for enrolment.

(3) The Board may issue a NHI identification card, to all persons enrolled in the NHI Scheme and all such beneficiaries shall be informed of their rights, privileges and obligations under the NHI Scheme.

(4) A person is not eligible to enroll in the NHI Scheme if the person fails to meet the criteria outlined in sub-section (1).

Continuation of enrolment in NHI Scheme.

**17.** Any person who, at the date of the commencement of this Act, was enrolled in the NHI Scheme under the repealed Part VII of the Social Security Act, shall continue to be enrolled in the NHI Scheme for the purposes of this Act.

Application for enrolment in the NHI Scheme.

**18.** A person who is eligible to enroll in the NHI Scheme in accordance with section 16, may apply to the Authority for enrolment in the NHI Scheme, in the prescribed manner .

Modification of enrolment status.

**19. (1)** A person who has been enrolled in the NHI Scheme and is desirous of changing his status from—

- (a) inactively enrolled to actively enrolled;
- (b) actively enrolled to inactively

enrolled, may apply in the manner approved.

(2) The Authority may approve an application under sub-section (1) and notify the applicant of its decision, in writing, within ten days thereof.

Grounds for dis-enrolment from the NHI Scheme.

**20.** In the event of—

- (a) the death of a person enrolled in the NHI Scheme;
- (b) a change in citizenship or residency status of a person enrolled in the NHI Scheme;
- (c) a recommendation by the Compliance Officer on justifiable grounds, for the dis-enrolment of a person from the NHI Scheme; or
- (d) receipt of a written request by the Authority from a person enrolled in the NHI Scheme, to be dis-enrolled from the NHI Scheme;
- (e) a conviction of a person for an offence against a beneficiary, or a representative of a service provider or any other person

present while the person is accessing services under the NHI Scheme,

the Authority shall dis-enroll the person from the NHI Scheme.

**21.** A person who is actively enrolled in the NHI Scheme, shall be entitled to receive benefits under the NHI Scheme.

Eligibility and entitlement to benefits under the NHI Scheme.

**22. (1)** Upon enrolment in the NHI Scheme, every beneficiary or legal guardian of a beneficiary shall select a primary care provider from the list of NHI healthcare providers published by the Authority.

Beneficiaries to select an NHI healthcare provider.

(2) A beneficiary may, only once in each year and in the manner approved by the Authority, change their primary care provider.

(3) Notwithstanding sub-section (2), where a beneficiary—

- (a) has relocated to another District or Caye which makes it no longer feasible for the beneficiary to access their provider; or
- (b) with good reason is not satisfied with the services of their provider,

the beneficiary may request a change of their provider in the manner approved by the Authority.

**23. (1)** Every beneficiary shall notify the Authority within thirty days thereof of any change in—

Obligations of beneficiaries.

- (a) citizenship or residency; or
- (b) any other information that would impact eligibility to receive benefits under the NHI Scheme.

(2) A beneficiary who fails to comply with sub-section (1) commits an offence and is liable in accordance with section 54.

**24. (1)** The Authority may terminate or suspend the benefits of a beneficiary under the NHI Scheme where in the opinion of the Authority the beneficiary—

Termination, etc. of beneficiary status.

- (a) is no longer eligible to be enrolled under the NHI Scheme in accordance with this Act;
- (b) has failed to comply with the provisions of section 23(1);
- (c) is committing or has committed a fraud under this Act; or
- (d) has failed to comply with any responsibility outlined in regulations.

(2) Where the benefits of a beneficiary are suspended or terminated under sub-section (1), the beneficiary shall be eligible to appeal the decision in accordance with section 25.

Rights of appeal.

25. (1) A beneficiary who is aggrieved by the act or omission of an NHI healthcare provider or representative of an NHI healthcare in relation to the operation of the NHI Scheme may seek redress of the Appeals Tribunal on the following grounds, in relation to—

- (a) any violation of the rights;
- (b) willful neglect of duties by the Board, the NHI healthcare provider or representative of the NHI healthcare provider, which results in the loss, denial or non- enjoyment of any benefit under the NHI Scheme ;
- (c) any act or omission that undermines or defeats the purpose of the NHI Scheme; or
- (d) any decision of the Board the beneficiary believes is unreasonable or unjust.

(2) An NHI healthcare provider who is denied enrolment under the NHI Scheme may appeal to the Appeals Tribunal on the following grounds—

- (a) unreasonable exclusion from registering as a NHI healthcare provider; or
- (b) any decision of the Board the NHI healthcare provider believes is unreasonable or unjust.

(3) A person who is denied enrolment under the NHI Scheme may appeal to the Appeals Tribunal.

(4) The Appeals Tribunal shall issue a written notice of its decision to all parties involved, detailing the grounds for its determination and any relevant evidence or arguments considered.

Regulations for Part IV.

26. (1) The Minister may, on the recommendation of the Board make regulations for the better carrying out of the provisions of this Part and for prescribing anything that requires to be prescribed.

(2) without prejudice to the generality of the foregoing, the Minister may on the recommendation of the Board make regulations prescribing—

- (a) the application procedure for enrolment in the NHI Scheme;
- (b) and the procedure for dis-enrolment from the NHI Scheme;

- (c) the categories of beneficiaries and the applicable benefits relating thereto; and
- (d) the manner for modification of enrolment status.

(3) All regulations made by the Board pursuant to sub-section (1) are subject to negative resolution.

## PART V

### *Financial Provisions*

27.(1) The funds and resources of the Authority shall consist of—

Funds and resources of the Authority.

- (a) any monies as from time to time are provided by the National Assembly;
- (b) any monies as from time to time accrue to the Authority from its operations;
- (c) any monies as from time to time are borrowed by the Authority pursuant to section 30;
- (d) any donations made to the Authority;
- (e) any monies payable by an employer of an insured person for NHI healthcare services rendered under this Act; or
- (f) any other monies and property as from time to time may in any manner be lawfully paid to or vested in the Authority.

(2) The funds and resources of the Authority shall be utilized in accordance with regulations made under this Act.

28.(1) The Authority shall cause to be kept proper books and records of accounts of income, expenditure, assets and liabilities of the Authority in relation to its affairs.

Books and records of accounts to be kept.

(2) The books and records of accounts shall be audited once every year by an independent auditor appointed by the Authority.

(3) The Auditor-General shall, at any time, be entitled to inspect and audit the accounts and records of financial transactions of the Authority and records relating to assets of, or in the custody of, the Authority.

29.(1) The accounts of the Board shall be audited annually by a suitably qualified auditor appointed by the Board.

Audit of accounts of the Board.

(2) The auditor shall report to the Board through the Audit Committee,

(3) The auditor shall submit an annual audit report, within ninety after the end of the financial year, to the Board and a furnish copy of the report to the Minister.

(4) The Minister or an officer duly authorized by him, shall have access at all reasonable times to the books, accounts and other records of the Board and may require such explanation or information deemed necessary, or examine any officer of the Board.

(5) All risks to the Fund shall be fully disclosed in the audited financial statements of the Board in order to inform the public of any potential liabilities.

(6) The audited financial statements of the Board shall from part of the annual report to be laid before the National Assembly in accordance with section 56.

Borrowing powers.

**30.**—(1) Subject to this section, the Authority may borrow sums required by it for meeting any of its obligations or discharging any of its functions and may in respect of such borrowing, issue debentures or other securities in such form as the Authority may determine.

(2) Any borrowing by the Authority pursuant to sub-section (1) shall be approved by the Minister.

Guarantee of loans to Authority.

**31.**(1) Subject to sub-section (2), the Minister may, on behalf of the Government, at the request of the Minister guarantee in such manner and in such conditions as the Minister thinks fit the repayment of the principal of, and the payment of interest and other charges on, any authorized borrowing of the Authority.

CAP. 15.

(2) No guarantee shall be given for the purposes of sub-section (1) unless prior approval has been given by the National Assembly in accordance with the Finance and Audit (Reform) Act.

(3) Where the Minister is satisfied that there has been default in the repayment of monies guaranteed under sub-section (1), the Minister shall direct the payment out of the Consolidated Revenue Fund of the amount in respect of which there has been such default and the payment shall be a charge on the Consolidated Revenue Fund.

(4) where any sum is issued from the Consolidated Revenue Fund for fulfilling a guarantee given under this section, the Minister shall, as soon as possible after the end of each financial year beginning with that in which the sum is issued and the ending with that in which all liability under the guarantee is finally discharged, lay before the National Assembly a statement relating to that sum.

Reserve Fund.

**32.**(1) All monies of the National Health Insurance Fund not immediately required to be expended in meeting any of the obligations of the Authority or

discharging any of its functions or the functions of other government agencies with responsibilities related to this Act shall be paid into a Reserve Fund in accordance with sub-section (3)(c).

(2) The balance of monies in the Reserve Fund shall be not less than six months of the equivalent of the financial obligations of the NHI Fund.

(3) Subject to sub-section (2), the Minister may, on the recommendation of the Board make regulations to determine—

- (a) the management of the Reserve Fund;
- (b) use of the Reserve Fund; and
- (c) the sums to be carried from time to time to the credit of the Reserve Fund, but no part of the Reserve Fund shall be applied otherwise than for the purposes of the objectives of this Act.

33.(1) The Authority may, subject to the approval of the Minister, and to the provisions of the Finance and Audit (Reform) Act, invest monies in securities issued or guaranteed by the Government.

Power to invest.  
CAP. 15.

(2) Notwithstanding sub-section (1), the Authority shall not invest in property or securities outside Belize without the general or special directions of the Minister, and any other requisite regulatory approval under any other law.

(3) Any investment exercised other than pursuant to sub-section (2), may be approved either generally or specifically by the Minister.

(4) Regulations made pursuant to this section may provide for the manner in which the Authority can make investments and the types of investments the Authority can make.

## PART VI

### *National Health Insurance Fund*

34.(1) The National Health Insurance Fund established under the repealed Part VII of the Social Security Act is continued for the purpose of financing the cost of healthcare services, products and benefits under the NHI Scheme.

Continuation of  
National Health  
Insurance Fund.  
CAP. 44.

(2) The NHI Fund shall be under the control and management of the Authority.

35.(1) There shall be paid into the NHI Fund—

- (a) any sums approved by the National Assembly for the purposes of the NHI Scheme only;

Monies paid into  
or met out of  
Fund.

- (b) such sums properly accruing to the NHI Fund whether by way of loans, grants or donations, dividends, investments or otherwise accrued;
- (c) such other monies lawfully paid into, received by or made available to the NHI Fund;
- (d) all interests, and other income derived from the assets of the NHI Fund;
- (e) all sums recovered by the NHI Fund under this Part;
- (f) any monies allocated from the Consolidated Revenue Fund;
- (g) any monies payable to the NHI Fund from any levy or tax, as the case may be, authorized under this or any other Act;
- (h) all other monies lawfully received by or made available to the Authority; and
- (i) any other moneys to be legitimately applied for the implementation of the NHI Scheme.

(2) There may be paid out of the Fund—

- (a) the cost for healthcare services; products and benefits for beneficiaries under the NHI Scheme, in accordance with the contract in relation to the NHI healthcare provider;
- (b) any refund for payment received in error;
- (c) all costs and expenses properly incurred in the management and administration of the Authority;
- (d) monies for national health education and promotional activities;
- (e) the costs and expenses incurred by any other governmental agency associated with the implementation and administration of this Act in accordance with regulations made under this Act or any related law; or
- (f) the cost for any other necessary payments in respect of the NHI Scheme.

(3) For the purposes of determining any sums to be paid into the Fund pursuant to sub-section (1)(f), the Minister shall give consideration to any actuarial projections made and actuarial reviews conducted by an appointed actuary.

(4) Subject to the provisions of this Part, the use, disposition, investment, disbursement, administration and management of the NHI Fund, including any subsidy, grant or donation received for programme operations shall be governed by resolution of the Board.

(5) Any portion of the reserve fund may be invested for short term periods only, to yield interest at the prevailing rates.

(6) All provisions of this Act relating to financial, accounting and other records of the Board shall apply to the financial, accounting and other records of the NHI Scheme.

(7) The Board shall not make any investments in or make any loans to any person, company, individual, health care provider or other entity whatsoever that may be involved in the provision of health care services, diagnostic treatment services, the provision of drugs or any other services that may be provided under the NHI Scheme.

(8) The Minister may, on the recommendation of the Board make regulations to provide for the financial organisation of the moneys of the NHI Fund by—

- (a) the establishment and maintenance of different autonomous branches for different purposes; or
- (b) the establishment and maintenance within such branches of different reserve funds.

**36.** (1) The Board shall cause an actuarial review of the financial condition of the NHI Fund, to be conducted every three years, covering the period ending on 31st December.

Actuarial review  
of the NHI Fund.

(2) A review under sub-section (1) shall—

- (a) assess the adequacy of the benefits provided under the Fund, having regard to its liabilities under this Act; and
- (b) be conducted by an actuary recommended by the Board with the approval of the Minister.

(3) Following each review, the actuary shall prepare and submit a report to the Board, and the Board shall furnish a copy of the report to the Minister no later than 31st March of the year immediately following the review period.

(4) The Minister shall, as soon as possible after receiving the report submitted under sub-section (1), on the recommendation of the Board and after consultation with the stakeholders, adjust the benefits based on the report.

(5) The Minister shall, within thirty days of the receipt of the report lay a copy of the report before the National Assembly and cause a summary of the report to be published in the *Gazette* and in at least one newspaper of general circulation in Belize.

## PART VII

### *NHI Healthcare Providers*

Eligibility to register as NHI healthcare provider.

**37.** Any person who satisfies—

- (a) the Authority that it has met the requirements of any law governing—
  - (i) the health profession in which the person is practicing or
  - (ii) the health facility in which the health services are provided; and
- (b) such other requirements as may be determined by the Authority,

may be eligible to be registered as an NHI healthcare provider.

Registration of NHI healthcare providers.

**38.** (1) Any person who desires to offer services as an NHI healthcare provider under this Act shall apply for registration in accordance with this section.

(2) The application process and requirements for registration as an NHI healthcare provider under this section shall be prescribed by the Board.

NHI healthcare provider to contract with Authority.

**39.**—(1) Where any person is registered as an NHI healthcare provider, the contract for healthcare services shall at minimum specify—

- (a) the specific type of healthcare services to be provided to NHI beneficiaries, including the agreed quantity, quality assurance and standards of care;
- (b) the agreed schedule of fees and rates of payments to be made for each specified healthcare service delivered to NHI beneficiaries;
- (c) the standards and conditions for participation in the NHI healthcare services;
- (d) offer services in facilities of an appropriate size and with adequate and acceptable standards of physical structure and equipment;

- (e) the procedure to access services by NHI beneficiaries,;
- (f) referral protocols to other healthcare services to be adopted;
- (g) the services to be provided under the NHI Scheme;
- (h) the on-site, financial and clinical audits to be conducted;
- (i) the use and format of electronic reports of health records;
- (j) the requirement to keep adequate and acceptable patient information;
- (k) any necessary data sharing in accordance with data protection and data sharing laws; and
- (l) such other matters deemed necessary to carry out the objectives of this Act, in accordance with regulations .

(2) The Authority shall keep and maintain a register of all NHI healthcare providers who enter into a contract with the Authority pursuant to sub-section (1).

(3) The Authority shall publish, annually, the list of active NHI healthcare providers by notice in the *Gazette*, a newspaper in general circulation in Belize and on the Authority's website.

(4) Where there is a change to the list of active NHI healthcare providers, either by addition or deletion of an NHI healthcare provider, the addition or deletion shall be published in the *Gazette*, within seven days of the change.

**40.**(1) The Authority may grant provisional registration to a person who fails to meet the requirements under section 37, where in the opinion of the Authority, the person has the ability to meet the requirements of this Act within a reasonable period specified in the contract for provisional registration.

Provisional registration of NHI healthcare providers.

(2) If a provisionally registered NHI healthcare provider fails to meet the requirements of the Authority within the time period specified in the contract for provisional registration, the Authority may at its discretion grant a temporary extension on one occasion only, but in any case no extension may be granted for more than six months.

(3) The procedure and requirements for provisional registration of an NHI healthcare provider under sub-section (2) and any extension granted under sub-section (2), shall be prescribed in regulations.

**41.** The functions of a NHI healthcare provider are–

Functions of NHI healthcare providers.

- (a) to provide applicable benefits under the NHI Scheme to beneficiaries;
- (b) to provide to the Authority any information as may be required by the Authority;
- (c) to keep and maintain an electronic record of beneficiary health information ;
- (d) to submit to the Authority electronic reports of services provided to beneficiaries under the NHI Scheme; and
- (e) to carry out such other functions as may be provided for in the contract.

Quality of care by NHI healthcare providers.

**42.** The Authority may develop guidelines, protocols, policies or procedures specifying the quality of care to be maintained and implemented by providers under the standard health benefit, to assure quality of care, appropriate utilization of benefits and technology usage to ensure—

- (a) a high quality of healthcare services delivery;
- (b) access to benefits is suitable, equitable and standardized;
- (c) the use of medical technology and equipment is consistent with the needs and standards of medical practice;
- (d) benefits are appropriate, necessary and comply with current professional knowledge, practice, norms and standards and the standards of professional ethics; and
- (e) electronic health records are used consistently and appropriately.

NHI healthcare providers to keep and maintain electronic records.

**43.(1)** Every provider shall in a manner determined by the Authority, maintain and keep electronic records relating to—

- (a) the benefits rendered under the standard health benefit;
- (b) financial records related to the standard health benefit;
- (c) the performance standards as required by the Authority;
- (d) all past and current patients and their enrolment status, for a period of seven years; and
- (e) such other information as the Authority may require.

(2) Every NHI healthcare provider shall upon written request, for the purpose of investigating any contravention of any provision of this Act,

provide the Authority with access to electronic records relating to the care of any person or matter in question.

44. Upon a written request by the Authority in the exercise of its functions, an NHI healthcare provider shall submit a report to the Authority in the manner and form determined by the Authority in accordance with the relevant data protection laws, and include any data or information the Authority determines necessary.

Duty to submit reports.

45.(1) The Authority may—

- (a) inspect the premises, equipment, procedures and information technology systems of an NHI healthcare provider and any documents related thereto in accordance with regulations made under this Act;
- (b) examine the data and accounting records in the possession of a provider;
- (c) make such enquiries as may be necessary to ascertain whether the provisions of this Act are being or have been complied with in any such premises or place of the NHI healthcare provider.

Inspection of facilities of NHI healthcare providers.

(2) Where as part of an inspection it is determined that an audit is required, that audit shall be conducted by an independent auditor appointed by the Authority for that purpose and approved by the healthcare provider.

(3) The Authority may appoint suitably qualified and experienced persons to carry out an inspection on its behalf.

(4) The representative of the Authority acting pursuant to sub-section

(1)—

- (a) shall show proof of their authority to act on behalf of the Authority;
- (b) shall complete an inspection report and include recommendations in relation to inspection and submit the report to the Authority; and
- (c) may request the assistance of a police officer in carrying out the inspection.

46. The Authority may in the interest of public health or safety, or on the basis of any of the following grounds, terminate the contract of an NHI healthcare provider if the provider—

Termination of NHI healthcare providers.

- (a) commits any act of fraud in relation to the standard health benefit;

- (b) fails to disclose any material information requested by the Authority;
- (c) fails to utilize electronic health records;
- (d) fails to comply with any recommendation of the Authority or an authorized person acting on its behalf, to come into compliance with the Act
- (e) discloses or fails to protect confidential data or information;
- (f) fails to meet any quality assurance or minimum standards of care;
- (g) fails to provide benefits to beneficiaries without good cause;
- (h) suffers the revocation or suspension of their license under any other law;
- (i) fails to satisfy the requirements specified under section 37; and
- (j) breaches any material term of their healthcare provider contract.

## PART VIII

### *Pension Fund*

Pension fund  
may be  
established.

47.(1) The Authority may establish and maintain a pension fund for the benefit of officers and employees of the Authority.

(2) The pension fund shall provide for contributions, accrual of benefits, eligibility criteria, retirement age, and any other relevant matters necessary for the administration and payment of pensions.

(3) The Minister may, on the recommendation of the Authority, make regulations prescribing the terms and conditions of the pension scheme, including—

- (a) the rate and manner of contributions by the Authority and its employees;
- (b) the calculation and payment of pension benefits;
- (c) procedures for retirement, early retirement, and resignation;
- (d) portability and transfer of pension rights;

- (e) any other matter necessary for the effective operation of the fund.

(4) Regulations made under this section may apply different provisions to different categories of employees.

## PART IX

### *Miscellaneous*

48. The Minister may, by Order, on the recommendation of the Authority, amend Schedule II.

Minister may amend Schedule II.

49.(1) Any NHI healthcare provider that wishes to withdraw from participating in the Scheme as an NHI healthcare provider under this Act shall—

Withdrawal of NHI healthcare providers.

- (a) within one hundred and eighty days of the date of the intended withdrawal submit written notice to the Authority of such intention ; and
- (b) assist with the transition of care of beneficiaries in the form prescribed by the Authority;

and any beneficiary of that NHI healthcare provider shall no longer be entitled to receive benefits under the NHI Scheme with that provider.

(2) Any NHI healthcare provider that fails to satisfy the requirements of sub-section (1), commits an offence.

50.(1) There shall be established an Appeals Tribunal consisting of five persons appointed by the Minister as follows—

Appeals Tribunal.

- (a) the Chief Magistrate, who shall be the Chair;
- (b) two reputable persons chosen from the medical profession
- (c) one representative from the private sector; and
- (d) one representative from the National Trade Union Congress of Belize.

(2) The Appeals Tribunal shall hear and determine all appeals under this Act and its decision shall be final.

(3) Any appeal to the Appeals Tribunal shall be heard and decided by a majority vote.

(4) The Minister may appoint a person to act for any member of the Appeals Tribunal who for reasons of illness or for any other cause is unable to sit.

(5) The Secretary to the Board shall submit all appeals to the Appeals Tribunal and shall act as Secretary of the Appeals Tribunal.

(6) The Appeals Tribunal shall regulate its own procedures including the making of Rules to regulate the conduct of appeals, in accordance with regulations.

Cooperation and  
information  
sharing.  
Act No. 27 of  
2021.

**51.**(1) The Authority may cooperate with any government agency, including by sharing data or information, that it acquires in the course of its duties or in the discharge of its functions under this Act or any other law, where the Authority considers that such information may be relevant to the discharge of the statutory functions of the requesting agency.

(2) Notwithstanding the provisions of this section, the Authority shall not share any confidential data or information concerning the medical history of a beneficiary.

(3) Sub-section (2) shall not apply to a disclosure of information—

- (a) lawfully required or permitted by any court of competent jurisdiction within Belize;
- (b) in respect of the affairs of a beneficiary where the consent of the beneficiary or legal guardian, as the case may be, is given voluntarily; or
- (c) where the information disclosed is in a manner that does not enable the identity of any beneficiary, or provider to which the information relates to be ascertained.

(4) Any information shared pursuant to this section shall be shared in accordance with any data protection laws.

(5) For the purposes of this section, the Authority may enter into an information sharing contract with any government agency.

Confidentiality.

**52.**(1) Any person who comes in contact with any data or information in carrying out their functions under this Act, relating to the affairs of the Authority, a beneficiary or an NHI healthcare provider shall—

- (a) treat the data or information as confidential;
- (b) not disclose the data or information without proper authorization; and

- (c) take appropriate security measures to maintain the confidentiality of the data and information, and prevent unauthorised access to or alteration, disclosure, loss or destruction of the data and information;

(2) Sub-section (1) shall not apply to a disclosure of data or information—

- (a) lawfully required or permitted by any court of competent jurisdiction within Belize;
- (b) for the purpose of assisting the Authority to exercise any function conferred on it by this Act, or any other Act;
- (c) in respect of the affairs of a beneficiary where the consent of the beneficiary or legal guardian, as the case may be, is voluntarily given;
- (d) if the information disclosed is or has been available to the public from a lawful source;
- (e) if the information disclosed pertains to the person making the disclosure; or
- (f) if the information is disclosed in a manner that does not enable the identity of any beneficiary or NHI healthcare provider to which the information relates to be ascertained.

(3) Any person who contravenes this section commits an offence.

General offences.

**53.(1)** A person commits an offence if the person—

- (a) knowingly obtains any benefits under this Act by means of a false declaration;
- (b) knowingly makes any false declaration or false statement of a material nature in any application made under this Act;
- (c) attempts to use or uses funds paid or received with respect to this Act for purposes other than those authorized under this Act;
- (d) fails to comply with any obligations under this Act;
- (e) delays, assaults or obstructs the Compliance Officer or an agent thereof in the exercise of their functions under this Act;
- (f) knowingly and intentionally commits fraud with respect to this Act;

- (g) fails to pay any contribution or premiums required under this Act;
- (h) having received monies in advance for benefits, and without good reason fails to render services pursuant to any contract;
- (i) without lawful excuse, refuses to furnish any information or produce any document lawfully required under this Act; or
- (j) fails to comply with any requirement or duty imposed upon the person under this Act.

(2) A person who commits an offence specified in sub-section (1), other than the offence specified under sub-section (1)(f), shall be liable to a penalty as stipulated under section 54.

CAP. 101.

(3) Notwithstanding the provisions of the Criminal Code Act in respect of the offence of fraud, a person who commits an offence under sub-section (1)(f) shall be liable on summary conviction to a fine not exceeding two hundred and fifty thousand dollars.

General penalty.

**54.** Where a person commits an offence against this Act for which no penalty is specified, the person is liable on summary conviction—

- (a) in the case of a provider, to a fine not exceeding ten thousand dollars and where the offence is a continuing offence, to a further fine of one thousand dollars for every day during which the offence continues; or
- (b) in the case of a beneficiary, to a fine not exceeding five thousand dollars, and where the offence is a continuing offence, to a further fine of five hundred dollars for every day during which the offence continues.

Non-derogation.

**55.** For the avoidance of doubt, unless otherwise provided for in any other law, nothing in this Act shall derogate from—

Act No. 30 of 2023.

- (a) any collective agreement or existing employment contract providing health insurance greater than those established by the standard health benefit; or
- (b) any other law conferring a healthcare benefit on a person.

Annual Report.

**56.**(1) The Authority shall, within six months of the end of each financial year, cause to be made and submit to the Minister an annual report.

(2) The annual report shall include—

- (a) an External Audit Report; and

(b) a proposed budget for the forthcoming year.

(3) The Minister shall cause a copy of the annual report together with the annual statement of accounts, the auditor's report and any actuarial report to be laid before of the National Assembly as soon as practicable after the making of the annual report, annual statement of accounts, auditor's report or actuarial report.

(4) The Authority shall take all necessary measures to make available to the public copies of the annual report, including by publishing the report on its website, within thirty days after the same has been laid before the National Assembly.

57. The Minister may, on the recommendation of the Board, make regulations generally for the better carrying out of the provisions and objectives of this Act and, without prejudice to the generality of the foregoing, the Minister may on the recommendation of the Board make regulations prescribing—

Regulations.

(a) the application process and requirements for registration as an NHI healthcare provider;

(b) the procedure for the filing and determination an appeal pursuant to section 50;

(c) the details of the scope of services provided under the standard health benefit as specified in Schedule II;

Schedule II.

(d) the development and maintenance of documents or records, including those in electronic form, in relation to information sharing, confidentiality and data protection;

(e) the setting of fee schedules and payment rates for NHI healthcare providers;

(f) the form and manner of any forms to be used;

(g) the form and manner of reporting of data or information by NHI healthcare providers;

(h) manner of assistance with the transition of care of beneficiaries under section 49(1)(b);

(i) for the costs and expenses incurred by any other governmental agency associated with the implementation and administration of this Act to be paid out of the NHI Fund;

(j) for the financial organisation of the moneys of the NHI Fund by—

- (i) the establishment and maintenance of different autonomous branches for different purposes; or
- (ii) the establishment and maintenance within such branches of separate reserve funds.
- (k) inspection of premises, equipment, procedures and information technology systems of an NHI healthcare provider and any documents related thereto;
- (l) the management of the Reserve Fund;
- (m) the use of the Reserve Fund;
- (n) the sums to be carried from time to time to the credit of the Reserve Fund;
- (o) use of funds and resources of the Authority; or
- (p) any other matter required to be prescribed under this Act or required generally for the better carrying out of the objectives of this Act.

**58.** On the commencement of this Act—

Savings.

- (a) the person who immediately prior to the commencement of this Act is the Executive Chair of the NHI Committee appointed under section 75(a) of the Social Security Act shall be deemed to be the Chair of the Authority under and for the purposes of this Act as if that person had been appointed under section 10 on the same terms and conditions for the term expiring on the day on which the appointment of the person would have expired under the Social Security Act, after which a new Chair of the Authority shall be appointed under section 10, or until a new General Manager is appointed under section 10 prior to the expiration of term on which the appointment of the person would have expired under the Social Security Act;
- (b) all persons who were employed immediately prior to the commencement of this Act, shall continue to be employed by the Authority on the terms and conditions as determined by the Authority;
- (c) every person who immediately prior to the commencement of this Act was a member of the NHI Committee under the repealed Part VII of the Social Security Act continues to be a member of the Board under and for the purposes of this Act as if such person had been appointed under this Act, on

the same terms and conditions for the term expiring on the day on which the appointment of such person would have expired under the repealed Part VII of the Social Security Act; and

- (d) every contract, whether in writing or not, to which the NHI Committee under the repealed Part VII of the Social Security Act was a party or which affected the NHI Committee, continues to have effect after the date of commencement, as though that contract was entered into under this Act.

**59.**(1) Any contract entered into by the social security Board for the provision of healthcare or related services under the repealed Part VII of the Social Security Act, and which remains in force immediately prior to the commencement of this Act, shall, unless earlier terminated in accordance with its terms, continue in force as if made under the terms and conditions determined by the Authority.

Transitional provisions. Continuation of healthcare contracts.

(2) Any registration, or authorization issued under the repealed Part VII of the Social Security Act and subsisting immediately prior to the commencement of this Act shall remain valid for the remainder of its unexpired term, or until it is replaced, varied, or revoked in accordance with this Act, whichever occurs first.

Registrations and authorizations.

(3) For the purposes of sub-section (2), the Board may issue guidelines for the review or renewal of registrations or authorizations in accordance with this Act.

(4) All assets, funds, resources, and other movable or immovable property that, immediately prior to the commencement of this Act, were vested in the Social Security Board on trust for, or for the benefit of, the NHI shall, upon the commencement of this Act, vest in the Authority established under this Act.

Assets and liabilities.

(5) All assets, rights, properties, monies standing to the credit of the NHI prior to the commencement of this Act together with all debts, liabilities and obligations of any kind incurred prior to that date, shall be transferred to and vest in the Authority without further assurance and the Authority shall have all necessary powers to take possession of, recover and manage such assets and properties and shall assume responsibility for all associated debts, liabilities and obligations.

(6) Any investigation, audit or proceedings commenced under the repealed Part VII of the Social Security Act and still ongoing immediately prior to the commencement of this Act shall continue and be concluded as if commenced under this Act.

Investigations and proceedings.

(7) For the purposes of sub-section (6), any investigation, audit or proceeding continued under sub-section (6) shall, from the date of commencement of this Act, be subject to the enforcement powers, procedural

safeguards, and appeal mechanisms provided for under this Act, as if originally commenced under this Act, unless the application of such provisions would result in substantial injustice.

Registers and records.

(8) All registers relating to the registration of NHI healthcare providers that were kept and maintained by the Social Security Board immediately prior to the commencement of this Act shall, upon such commencement, be deemed to be registers kept and maintained under this Act by the Board and shall form part of the Register of NHI healthcare providers established under this Act.

(9) All administrative, financial, accounting and other records, along with any other documentation relating to the NHI Scheme which are kept and maintained by the Social Security Board under the repealed Part VII of the Social Security Act, and existing immediately prior to the commencement of this Act, shall, on the date of such commencement, vest in the Board established under this Act and shall be deemed to be held by the Board for the purposes of this Act.

Claims and benefits.

(10) Any claim for any benefit, submitted under the repealed Part VII of the Social Security Act and not finally determined prior to the commencement of this Act shall be deemed to have been submitted under this Act and shall be processed, reviewed, and determined in accordance with the provisions of this Act.

(11) For the purposes of sub-section (10), where a claim was approved under the repealed Part VII of the Social Security Act, but the benefit remains unprovided at the commencement of this Act, the benefit shall be provided to the eligible beneficiary by or on behalf of the Board established under this Act, as if the benefit had been approved under this Act.

(12) Any right to submit a claim that accrued under the repealed Part VII of the Social Security Act but was not exercised prior to the commencement of this Act may be exercised within a period of six months from the date of commencement of this Act and shall be subject to the procedures and time limits prescribed under this Act.

Appeals.

(13) Any appeal made under the repealed Part VII of the Social Security Act and not finally determined prior to the commencement of this Act shall be deemed to have been made under this Act and shall be continued and determined by the Appeals Tribunal established under section 50 of this Act.

(14) For the purposes of sub-section (13),—

- (a) any decision on an appeal made under the repealed Part VII of the Social Security Act that remains subject to review, variation, or enforcement at the commencement of this Act shall be treated as a decision made under this Act and shall be subject to the procedures and remedies provided for under this Act;

- (b) subject to paragraph (d), any right of appeal that accrued under the repealed Part VII of the Social Security Act but was not exercised prior to the commencement of this Act may be exercised within six months from the date of commencement of this Act, and shall be subject to the procedures set out in paragraph (c);
- (c) all appeals under this sub-section shall be—
  - (i) submitted in the form prescribed by the Authority;
  - (ii) accompanied by any supporting documentation required under this Act;
  - (iii) reviewed in accordance with the procedures of the Appeals Tribunal established under this Act; and
  - (iv) determined within ninety days from the date of submission, unless extended by the Appeals Tribunal in exceptional circumstances;
- (d) the Appeals Tribunal may refuse to consider an appeal submitted after the expiration of the six-month period referred to in paragraph (b), unless the appellant satisfies the Appeals Tribunal that the delay was due to exceptional circumstances beyond their control.

(15) Where any law or document refers expressly or by implication to the repealed Part VII of the Social Security Act, the reference shall (except where the context otherwise requires) be construed as a reference to the corresponding provision under this Act.

Interpretation of references to repealed legislation.

(16) Any officer or other employee of the NHI who is in service immediately prior to the commencement of this Act shall, with effect from the date of commencement, become an officer or employee of the Authority,

Personnel and employment.

Provided, however that any such officer or employee who does not wish to transition to the Authority, may prior to the commencement of this Act, resign.

(17) A person who becomes an officer or employee, upon the commencement of this shall hold office on such terms and conditions as may be determined by the Authority.

(18) A person who, on the commencement of this Act, is entitled to, or is in receipt of, a benefit, allowance or other similar entitlement shall continue to receive such benefit or allowance provided that the entitlement remains valid.

Benefits and leave.

(19) For the purposes of sub-section (18), “benefit” includes any vacation leave accrued during the period of employment with the NHI.

Commencement. **60.**(1) This Act shall come into force on a date appointed by the Minister by Order published in the *Gazette*.

(2) An order under sub-section (1) may appoint different dates for the commencement of different provisions of this Act.

**SCHEDULE I**

(section 9(3))

**CONSTITUTION AND PROCEDURES OF THE BOARD**

- (1) The composition of the Board shall be as follows–
- (a) a person appointed under paragraph (6) as Chair of the Board;
  - (b) the General Manager of the Authority, *ex officio*; CAP. 44.
  - (c) the Chief Executive Officer of the Social Security Board appointed under section 35 of the Social Security Act;
  - (d) one representative from the Ministry responsible for health nominated by the Minister responsible for health;
  - (e) one representative from the Ministry responsible for finance, to be nominated by the Minister;
  - (f) one representative from the National Trade Union Congress of Belize;
  - (g) one representative from the opposition, to be nominated by the Leader of Opposition;
  - (h) two representatives from the private health care sector to be selected by the Belize Medical and Dental Association after consultation with relevant private health organizations;
  - (i) one representative from the business community (Belize Chamber of Commerce and Industry or the Belize Business Bureau); and
  - (j) one representative from the Belize Council of Churches. x
- (2) Subject to sub-section (3), all members of the Board shall be appointed by the Minister and be fit and proper persons.
- (3) The members specified under paragraphs (f) to (j), shall be appointed by the Minister on the recommendation of the representative organization.
- (4) The functions of the Board shall be to decide on–
- (a) matters relating to the health care needs of the population;

- (b) problems encountered by private and public providers of services and by customers;
- (c) implement health care policies of the Government;
- (d) formulation of regulations under this Act;
- (e) standards and quality pertaining to the functions of the Board in ensuring the availability and effective utilisation of health care services by NHI beneficiaries; or
- (f) any other similar matters relating to the NHI Scheme.

(5) The Board shall meet at regular intervals which shall be no less than four times a year to formulate policy matters.

(6) The Minister shall appoint an Chair of the Board and the Board shall appoint a Deputy Chair from amongst the membership thereof who will be entitled to act as Chair in the absence of the Chair.

(7) The period of appointment of the members shall be five years for the Chair and three years for the members.

(8) The Chair of the Board shall be paid such remuneration as the Board, with the prior approval of the Minister, considers appropriate.

(9) The Minister may, on the recommendation of the representative organization, terminate the appointment of a member of the Authority for misbehavior or for physical or mental incapacity.

(10) A member shall be deemed to have vacated his office—

- (a) if their appointment is terminated by the Minister under this Act;
- (b) if he becomes bankrupt or compounds with his creditors or makes any assignment of his remuneration for their benefit or takes advantage of any provision of the Bankruptcy Act;
- (c) if he becomes of unsound mind;
- (d) if he resigns his office by writing under his hand addressed to the Minister and the resignation is accepted by the Minister;
- (e) if he absents himself, except with leave granted by the Minister, from three consecutive meetings of the Board; or

- (f) if the organization which had nominated him requests termination of his appointment in writing addressed to the Minister.

(11) Any decision of the Board shall be taken by a majority of the members present and, in the event of an equality of votes, the Chair or the person acting as the Chair shall have a casting vote.

(12) At any meeting of the Board, seven of the members thereof, including the Chair, shall constitute the quorum.

(13) The members of the Board shall be entitled to the same protection under the Public Authorities Protection Act as if they were included in the definition of “public authority” given in section 2 of that Act.

CAP. 31.

**SCHEDULE II****(Sections 12, 15, 48 and 57)****STANDARD HEALTH BENEFIT**

The following scope of services are provided under the standard health benefit–

- (a) general medicine, including general consultations by the covered population, programmed consultations, emergency services during work hours in the Primary Care Provider (PCP) installations;
- (b) nursing services, including general consultations by the covered population, programmed consultations, emergency services during work hours in the PCP installations;
- (c) specific programs;
  - (i) clinical detection, treatment and monitoring of patients with hypertension;
  - (ii) clinical detection, treatment and monitoring of patients with diabetes (type 1 and 2);
  - (iii) clinical detection, treatment and monitoring of patients with asthma;
  - (iv) clinical detection and monitoring of patients with HIV/AIDS;
  - (v) clinical detection, treatment and monitoring of patients with acute respiratory infection (ARI);
  - (vi) pre- and post-natal monitoring, including consultations with general practitioner (GP), iron and folic acid supplementation, one ultrasound exam, basic laboratory and blood tests (including HIV and VDRL first trimester). High risk cases to be referred for management by specialist according to protocols established by Ministry responsible for health and mutually agreed to by the National Health Insurance Authority (NHIA);
  - (vii) minor surgery that can be carried out in an ambulatory setting with local anesthetic in a non-sterile setting, limited to skin and subcutaneous tissue;

- (viii) family planning counseling and services;
- (ix) early detection of breast cancer using mammography in women as stipulated in Rationalization Guidelines;
- (x) early detection of cervical cancer using Papanicolaou screening and HPV testing in women as stipulated in Rationalization Guidelines;
- (xi) early detection and screening of prostate cancer in men over forty years of age, every two years (including PSA and rectal exam);
- (xii) clinical detection and appropriate referral for control of tuberculosis; and
- (xiii) immunization services in accordance with guidelines from the Ministry responsible for health;
- (d) epidemiological surveillance functions required under the reporting standards regarding notifiable diseases of the Ministry responsible for health;
- (e) pharmaceuticals included in the NHI approved list;
- (f) imaging services included in the NHI approved list;
- (g) laboratory services included in the NHI approved list;
- (h) Ob/Gyn specialist services, including but not limited to pre and post-natal consultations, and other cases as may be determined by the PCP, by contract;
- (i) social worker, physiotherapist, nutritionist, and medical internist specialist services as determined by contract;
- (j) pediatrician, including but not limited to newborn evaluation and other cases as may be determined by the PCP, by contract;
- (k) ophthalmology services, including–
  - (i) the provision of eyeglasses with medium cost metal frames to–
    - (A) persons under the age of nineteen years who are attending school and diagnosed with refractive vision problems; and

- (B) children aged zero to four years and persons aged fourteen to nineteen years who are not enrolled in school and are diagnosed with refractive vision problems; and
  - (ii) post-cataract surgery for persons with visual acuity of 20/70 or worse;
- (l) laser surgery for diabetic retinopathy with approved NHI healthcare providers;
- (m) annual ophthalmological consultation with approved NHI healthcare providers for persons who are diabetic or hypertensive.